

STRUCTURAL PEST CONTROL BOARD

1418 HOWE AVENUE, SUITE 18, SACRAMENTO, CA 95825 Telephone Numbers:



Examination/Licensing/Record Storage (916) 561-8704 FAX (916) 263-2469 www.pestboard.ca.gov

CERTIFICATE OF TRAINING/EXPERIENCE FOR FIELD REPRESENTATIVE APPLICATION

THE FOLLOWING MUST BE FILLED OUT AND SIGNED BY THE QUALIFYING MANAGER ON BEHALF OF THE APPLICANT.

NAME OF APPLICANT:		
COMPANY NAME:	ADDRESS:	
☐ TO BE COMPLETED FOR BRANCH 1 APPLICANTS: In accordance with Section 8564 of the Structural Pest Control Act and Section 1937 of the California Code of Regulations, a Branch 1 applicant must submit proof satisfactory to the Board that he/she has had six (6) months of training and experience in the practice of fumigating with lethal gases which includes a minimum of 100 hours of training and experience in preparation, fumigation, ventilation and certification.		
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☐ TO BE COMPLETED FOR BRANCH 2 APPLICANTS: In accordance with Section 8564 of the Structural Pest Control Act and Section 1937 of the California Code of Regulations, a Branch 2 applicant must submit proof satisfactory to the Board that he/she has had a minimum of 40 hours training and experience in pesticide application, Branch 2 pest identification and biology, pesticide application equipment, pesticide hazards and safety practices, 20 hours of which are actual field work. ☐ TO BE COMPLETED FOR BRANCH 3 APPLICANTS: In accordance with Section 8564 of the Structural Pest Control Act and Section 1937 of the California Code of Regulations, a Branch 3 applicant must submit proof satisfactory to the Board that he/she has had a minimum of 100 hours of training and experience, in the practice of pesticide application, Branch 3 pest identification and biology, pesticide application equipment, pesticide hazards and safety practices, structural repairs, structural inspection procedures and report writing, 80 hours of which are actual field work.		
I certify under the penalty of perjury under the laws of the State of California that the above named applicant has had training and experience under the immediate supervision of an operator or field representative licensed in the Branch(es) for which the applicant is applying.		
SIGNATURE OF QUALIFYING MANAGER (Operator)	DATE SIGNED	
PRINT NAME OF QUALIFYING MANAGER (Operator)	LICENSE NO.	TELEPHONE NUMBER AREA CODE ()